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MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**



CORRESPONDENCE ADDRESS OBLON, FISHER, SPIVAK, MC CLELLAND & MAIER CRYSTAL SQUARE FIVE - SUITE 400 1755 SOUTH JEFFERSON DAVIS HIGHWAY ARLINGTON, VA 22202	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/229,489	08/08/88	005	RIZZO, N	122 12/01/89
First Named Applicant: TAKAYA, TAKAO				

TITLE OF INVENTION
CRYSTALLINE 7--(2-(2-AMINOTHIAZOL-4-YL)--2-HYDROXYIMINOACETAMIDO)--3-VINYL-3-CEPHEM-4-CARBOXYLIC ACID (SYN ISOMER)
(AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 18-511-0	540-222.000	B10	UTILITY	NO	\$620.00	03/01/90

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 OBLON, SPIVAK, 2 MC CLELLAND, MAIER 3 & NEUSTADT, P.C.

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1 142

620.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies <u>-0-</u> (Minimum of 10)	
(1) NAME OF ASSIGNEE: FUJISAWA PHARMACEUTICAL CO., LTD.		(b) The following fees should be charged to: DEPOSIT ACCOUNT NUMBER <u>15-0030</u> (Enclose Part C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)	
(2) ADDRESS: (City & State or Country) Osaka-shi, JAPAN			
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION JAPAN			
A. <input type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input checked="" type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Signature of party in interest of record) <u>C. Irvin McClelland</u> 21,124 (Date) <u>3/1/90</u>	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE



1. CORRESPONDENCE ADDRESS

OBLON, FISHER, SPIVAK,
MC CLELLAND & MAIER
CRYSTAL SQUARE FIVE - SUITE 400
1755 SOUTH JEFFERSON DAVIS HIGHWAY
ARLINGTON, VA 22202

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/229,489	08/08/88	005	RIZZO, N	122 12/01/89
First Named Applicant: TAKAYA, TAKAO				

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1 18-511-0	540-222.000	B10	UTILITY	NO	\$620.00	03/01/90

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest or record) 24913 (Date) 3/1/90
C. Trvin McClelland 21,124

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TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT